

**AN ANALYSIS OF FORCES INFLUENCING INNOVATIVE
ROLES IN PRIMARY HEALTH CARE NURSING**

By

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Submitted to the University of Technology, Sydney
in fulfilment of requirements for the degree of

DOCTOR OF NURSING

Faculty of Nursing, Midwifery & Health

2005

CERTIFICATE OF AUTHORSHIP / ORIGINALITY

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Candidate

A handwritten signature in black ink, appearing to read "B. Mackey", is written over a horizontal line. The signature is stylized with large, flowing loops.

ACKNOWLEDGEMENTS

Arriving at this stage has taken considerable time and effort on my part; however, I have not reached this point without assistance from my supervisors, advisers, employer, colleagues and family. I am fortunate to have support from so many sources, most importantly and most appreciated the encouragement from my husband, Crombie. My children have also had to cope with a preoccupied and at times inattentive mother.

I thank the GPs, nurse leaders and nurses who participated in the research and the Northland District Health Board for their support for this work. I thank Northland Polytechnic, including my nursing colleagues, for their financial and/or practical support. Finally, I acknowledge and thank my doctoral supervisors Professor Mary Chiarella and Professor Sharon McKinley for their guiding influence.

GLOSSARY

Capitation refers to bulk funding an organisation for services to an enrolled population

District Health Board is an organisation responsible for the assessment of needs and the funding and contracting of health services to the population within the region

Driving force is a force driving the development of a desired goal

Equity is sharing of available resources in a way that promotes equal care and service to those least advantaged in society

Force Field Analysis is an analytical tool for identifying forces driving or restraining development of a desired goal

Health Inequality occurs when health outcomes differ between population groups such as between those in the highest and lowest socio-economic status groups

Innovative role is a non-traditional role or one taking responsibility for aspects of care previously provided by another group of health professionals such as doctors

Integrated Practice Organisation is an umbrella organisation for GPs in general practice

Kaupapa Māori is a philosophical framework that promotes Māori culture, knowledge and values. It underpins the concept of ‘by Māori, for Māori’

Kawa whakaruruhau refers to cultural safety within the Māori context

Kuia is a Māori term for respected woman elder

Kumātua is a Māori term for respected male elder

Māori are the Indigenous people of New Zealand

Northland District Health Board is the organisation responsible for the funding and contracting of health services to the population within the Northland region of New Zealand

Nurse Practitioner is a legally protected title in New Zealand for a nurse who is working in a specified scope of practice and who meets the competencies outlined by the Nursing Council of New Zealand

Primary Care refers to the first line of care people require for injury or illness

Primary Health Care includes primary care. It involves “working with communities and individuals to improve health, prevent illness and offer supportive care as well as assessing and treating acute problems” (MOH [NZ], 2000a, p.2).

Primary Health Organisation is an umbrella organisation that contracts with the District Health Board to provide a range of comprehensive primary health care services to a specified client population

Restraining force is a force preventing achievement of a desired goal

Tangata whenua is a Māori term for Indigenous people of New Zealand

Tino rangatiratanga refers to the Māori right for self-determination and ownership and control over knowledge, language and customs conferred to Māori by the Treaty of Waitangi

Treaty of Waitangi is the treaty signed between the Crown and the Indigenous people of New Zealand in 1840. Also known in Māori as the Te Tiriti o Waitangi

ACRONYMS

Accident Rehabilitation and Compensation Insurance Corporation (ACC)

Clinical Nurse Specialist (CNS)

Community Trust (CT)

District Health Board (DHB)

Evidence-based Medicine (EBM)

Exploring New Roles in Practice (ENRiP)

General Medical Subsidy (GMS)

General Practitioner (GP)

Independent Practice Association (IPA)

Māori Purchasing Organisation (MAPO)

Ministry of Health (MOH)

New Zealand (NZ)

Northland District Health Board (NDHB)

Nurse Practitioner (NP)

Primary Health Organisation (PHO)

Professional Doctorate (PD)

Public Health Nurse (PHN)

United Kingdom (UK)

United States of America (USA)

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ABSTRACT

The reorientation of health care systems towards a primary health care focus provides opportunities for the development of new or expanded nursing services. While considerable literature exists on nurse practitioner (NP) and new innovative roles in general, little has been written about influences on the development of innovative roles in primary health care nursing. An analytical tool of Force Field Analysis was used to identify and describe forces influencing the development of innovative roles, including the NP role, in primary health care nursing. At the commencement of the study an initial analysis of research, literature and policy identified forces driving or restraining the development of innovative roles. A mixed research method of surveys and focus group interviews with key stakeholders, namely nurses in innovative roles, General Practitioners and nurse leaders, was then used to identify factors influencing development within the Northland District Health Board (NDHB) of New Zealand. Descriptive statistics and interpretative methods were used to analyse the data.

A final analysis enabled a picture of forces influencing innovative role development to be presented. Driving forces reflected international trends and were strongly influenced by economics and a political imperative to reconfigure health care services towards a primary health focus. The Treaty of Waitangi was also a key influence. Driving forces had greatest impact on the development of new roles. Forces were identified as drives towards cost-effective evidence-based health care (effective services), equity for Māori, response to local needs and workforce reorganisation. The major forces restraining the development of innovative roles were reinforced by attitudes, customs and support systems. These forces were identified as poor professional identity and support, an outdated nursing image, inadequate education and training and slow transition from traditional practices and structures (tradition). These forces had a negative influence on support for innovative roles.

Promotion of Kaupapa Māori, involvement of the local community, local Māori and nursing in decision-making and promotion of a team culture have the potential to support further development of innovative roles. Political ideology and the Treaty of Waitangi will continue to be major influences directed through policy and the contracting and funding

process. Nurses must develop their political astuteness and be ready to influence decision-making within their organisations, within primary health organisations and within the NDHB. This requires the development of leadership at all levels. A strong regional nurse leader network, development of individual nurses leadership competencies, development of education opportunities and support from strong leadership at a national level, has the potential to reduce restraining forces and positively influence the future introduction and support of innovative roles.

This work provides a research basis from which nurse leaders, the NDHB and others can develop strategies for planned change to contribute to future development of innovative roles including the NP role, in primary health care nursing.

FOREWORD

The New Zealand Ministry of Health (MOH) (2001) has identified development of primary health care nursing as a way of promoting healthy populations and improving access to a wider range of health services. Anecdotal evidence suggests that some of this development is occurring through the introduction of innovative nursing roles (Northland District Health Board, 2001).

This section provides a personal insight into my choice of research on the development of innovative roles in primary health care nursing. I have a strong background in primary health care nursing and I had been involved previously with development of a new nursing initiative involving delivery of technical care, such as intravenous therapy, in client's homes. At that time I became aware of the complexity of the political and health environment and the impact this had on the development of this nursing service. My experience highlighted the importance of understanding contextual influences before making decisions about future innovative nursing services. When I embarked on this professional doctorate, I wanted to support future development in primary health care nursing, particularly in innovative roles. I was particularly interested in how and why these roles were developing and what factors helped or hindered support. I also believed there was the potential for nurses in these roles to become Nurse Practitioners (NPs), an advanced nursing role recently introduced in NZ. Consequently, I wanted to know if nurses were interested in achieving NP status, but also what factors impacted on their ability to do so.

Therefore, as well as having an altruistic motive for this study, the opportunity to carry out practical research was instrumental in my decision to complete this work. As a nurse living and working in the Northland District Health Board (NDHB) region, I wanted to understand the context of the development of innovative nursing roles to be in a stronger position to influence future development. The professional doctorate enables research-based knowledge to be developed to address practical problems (White, 1999). With this practical focus in mind, I explored various approaches to structure my work including action research. I found that using Force Field Analysis offered me the framework I needed

to help me understand the contextual factors influencing the development of innovative roles in primary health care nursing. It could also help raise my political awareness and develop my competency as a leader in primary health care nursing. The ability to understand and manage politics is a key leadership requirement (Van Maurik, 1997) and, if nurses want to influence policy, they must develop political awareness as well as political leadership skills (Antrobus, 2003). From this beginning I was able to design and carry out a plan of work, including research with key stakeholders, to enable an in-depth understanding of the forces driving and restraining the development of innovative roles in primary health care nursing in the NDHB. This work will be useful to inform planned change for future development of innovative roles.